Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/15/2014	Street:	3854 DAISY DR.
Incident #:	14ISPC003126	Apt, Lot, Room #:	
County:	TIPPECANOE	City:	LAFAYETTE
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☐ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		□ Residence □ Outbuilding □ Vehicle □ Other:	☐ Hotel/Motel ☐ Open – No Structure ☐ Business
Apt., hotel, 1	nulti-family dwelling: Shared HVA	C: Yes No	Unknown
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
☐ One Pot or Birch Reaction(s): <u>BEDROOM</u>		☐ Anhydrous Ammonia: ☐ Corrosive Acid: <u>BATHROOM</u>	
☐ Red Phosphorous/Iodine Reaction(s):☐ Hydrochloric Acid Gas Generator(s):☐ Flammable Solvents:BEDROOM		 ☐ Corrosive Base: <u>BEDROOM</u> ☐ Ammonium Nitrate/Sulfate: <u>BEDROOM</u> ☐ Other (item and location): 	
Water Reactive Metal (Lithium): <u>BEDROOM</u>			
Child under age 18 discovered (check appropriate)			
No	(number present) not present but evidence they reside	uncle Estimated occurring	l length of time manufacturing had been
Vehicle, Travel Trailer, RV or Watercraft Information:			
Owner: VIN: Year:		Make: Model: Color:	
This report	has been faxed* or emailed to the fo	llowing agencies	that serve the location:
Health Depar	nent: <u>LAFAYETTE FIRE</u> tment County: <u>TIPPECAONE CO.</u> of Child Services Hotline: <u>dcshotlinere</u>	I	Hoyle@lafayette.in.gov Fax: rnoles@tippecanoe.in.gov v Fax: 317-234-7595 or 317-234-7596
	ormation regarding this methamphetar Officer: <u>WESLEE ENNIS</u> Phon	mine laboratory, o e <u>765-567-2125</u>	contact

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.